

AO 435 AZ Form (Rev. 10/2018)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DUE DATE:	
1. NAME Gerald Krovatin		2. PHONE NUMBER 973-424-9777		3. DATE 2/3/2022		
4. FIRM NAME Krovatin Nau LLC						
5. MAILING ADDRESS 60 Park Pl Suite 1100		6. CITY Newark		7. STATE NJ	8. ZIP CODE 07102	
9. CASE NUMBER 2:19-CR-00898-DLR		10. JUDGE Deborah M. Fine		DATES OF PROCEEDINGS 11. 2/1/2022 12.		
13. CASE NAME U.S. v. David Allen Harbour		14. Phoenix		LOCATION OF PROCEEDINGS 15. STATE AZ		
16. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)						
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)						
PORTIONS		DATE(S)		PORTION(S)		
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)				2/1/2022		
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
18. ORDER						
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS	
30 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)		
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>				
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS gkrovatin@krovatin.com; cdavitt@krovatin.com		
19. SIGNATURE Gerald Krovatin				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE 2/3/2022						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED	DATE	BY		PROCESSED BY	PHONE NUMBER	
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

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